



COMMUNITY HOSPITAL EDUCATION COUNCIL
Programs in Graduate Medical Education

STATE UNIVERSITY SYSTEM OF FLORIDA
107 W. Gaines Street, Tallahassee, Florida 32304 (904) 488-5443

Kenneth E. Penrod, Ph.D. Staff Director

**THE GEOGRAPHIC AND SPECIALTY DISTRIBUTION OF PHYSICIANS
IN FLORIDA**

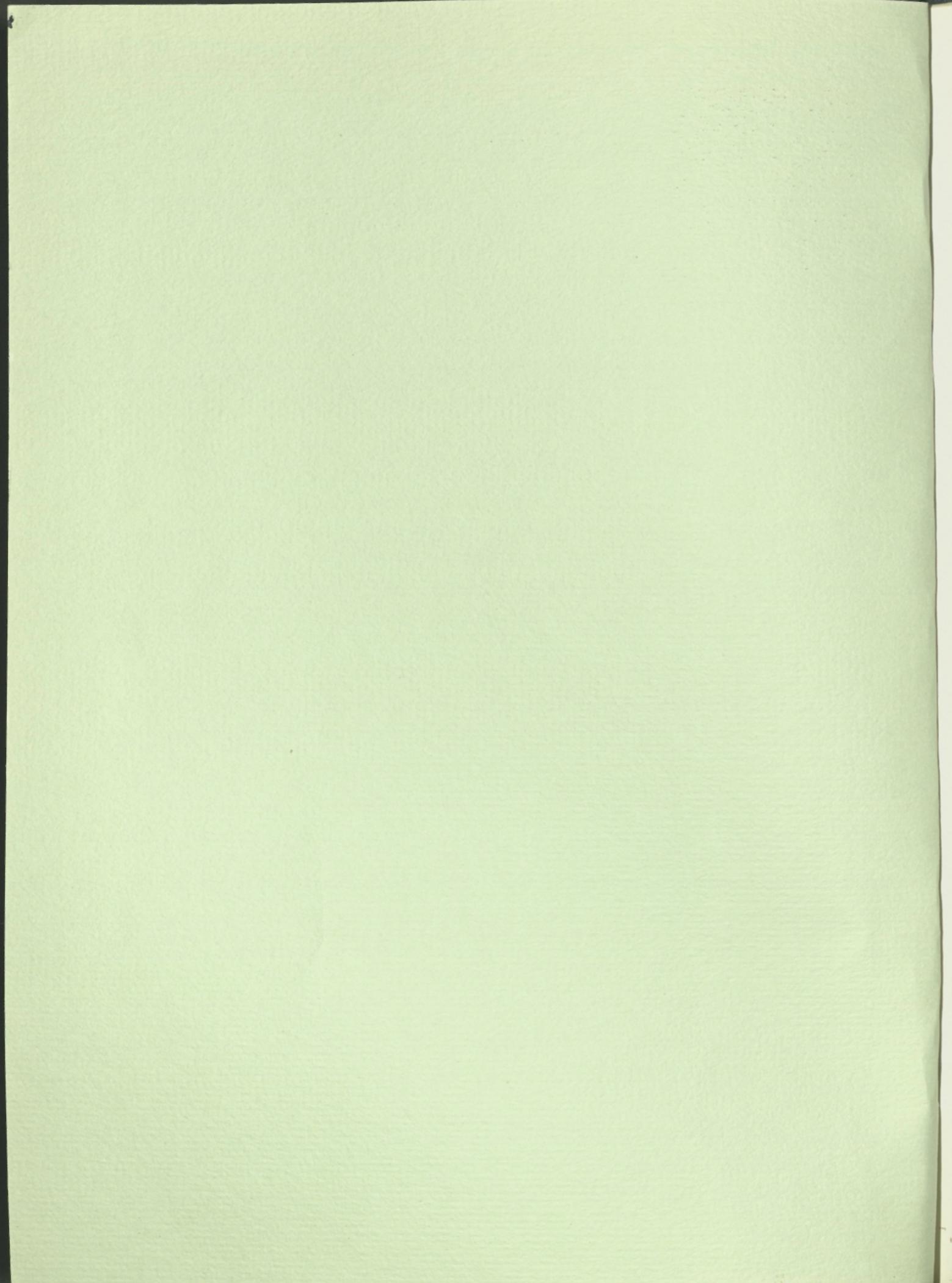
PART III: SELECTED SUB-AREA STUDIES

SEPTEMBER 1979

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Orton Beckner, M.D., Orlando/William Blank, Tampa/Frank C. Coleman, M.D., Tampa/A. Joseph Henry, M.D., Tallahassee/
John, M.D., Pensacola/Emanuel Papper, M.D., Miami/William D. Walklett, M.D., Jacksonville/Ned B. Wilford, F.A.C.H.A., Daytona Beach

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The two sub-
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but in every specialty
Table 1

Table 1

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This study was begun in early 1978 to better assess physician needs in the State of Florida. Part I of the series of reports dealt with the number of physicians by county, by specialty and by practice status (private, teaching, housestaff, federal or state employed). Only active physicians were included, and MD's (15,013) and DO's (731) were pooled.

In Part II many resources, including the professional judgment of a panel of consultants, were employed to estimate the optimum number of each medical specialty required to meet the demands of Florida's population. To better describe these consumers, the age distribution and the number of both short-term and long-term visitors to the state were considered.

To further test the theoretical physician-to-population ratios, two contrasting areas of the state were selected for closer examination in this part of the study (Part III): a rural area with a physician-to-population ratio of 40/100,000 and an urban area with a ratio of 204/100,000.

South Florida, including the Greater Miami area, for many years has experienced a high growth rate. With this inflow of people of all ages (but weighted toward the older age group) has been an equally impressive immigration of physicians; consequently, by almost every indication the area, except for a few low density sectors, is well served by physicians.

By contrast the panhandle of Florida has not shared equally in the population gains of the state. Much of this area remains rural or semi-urban with quite different access to health care and many other personal services.

Although the study reported herein was not an in-depth analysis, it underscores the fact that there are many more facets to health care delivery within an area than can be revealed by simple doctor/population ratios.

These studies have provided supporting evidence that theoretical ratios of members of the various medical specialties to the population to be served, developed in Part II, are reasonably accurate when applied to very large areas and populations--such as large metropolitan districts or statewide. For reasons to be discussed, these ratios cannot be applied with equal confidence to smaller, discrete areas.

Robert P. Lawton

Kenneth E. Penrod

September 1979

The two sub-areas of Florida examined in this study present contrasting physician manpower pictures. This is true not only in total physicians but in every specialty as well. The comparative analysis is presented in Table 1.

Table 1

COMPARISON OF PHYSICIAN DENSITY (No./100,000 Population)
IN TWO SELECTED AREAS OF FLORIDA

	SIX-COUNTY ¹ PANHANDLE AREA	THEORETICAL ² OPTIMUM NUMBER	DADE COUNTY
Primary Care			
General/Family Practice and Emergency Medicine	23.1	40	52.0
General Internal Medicine	3.4	17	23.3
Pediatrics	3.4	10	9.8
Obstetrics/Gynecology	0.8	10	9.4
TOTAL	30.7	77	94.5
Selected Referral Specialties			
General Surgery	6.0	10	13.6
CV Disease	.8	--	7.6
Orthopedic Surgery	--	6	7.1
Ophthalmology	--	5	7.5
Urology	--	4	4.7
Dermatology	--	3	4.3
Otolaryngology	--	3	3.6
Neurology	--	2	2.8
Neurosurgery	--	1.5	2.1
Thoracic, CV Surgery	--	1.5	2.1
Psychiatry	--	10	12.6
Radiology	2.6	--	7.2
TOTAL ACTIVE PHYSICIANS	40.2	--	204.4

1 State Hospital employees not included.

2 Developed in Part II of this study.

PANHANDLE SUB AREA STUDY

The counties selected are Calhoun, Gadsden, Holmes, Jackson, Liberty and Washington. The physicians in these six counties made up the Panhandle Medical Society until 1978 when the Washington County Medical Society was separately chartered.

The Area

The area (Figure 1) is sparsely populated. County populations range from 4,200 in Liberty to 40,000 in Jackson, for a six-county total of 119,000. Gadsden has the highest percentage of blacks (59%) of any Florida county. The black population ranges from 15% to 29% in other counties of this area.

The population 65-and-over is 13.4%, well under the Florida average, but over the national average.

The Effective Buying Income of families in these counties is very low, ranging (as of 1976) from \$5,801 to \$8,431--compared to a state average of \$11,086. In Gadsden County 39% of the families have an EBI under \$5,000. In the other five counties 40% to 49% of the families have an EBI under \$5,000.

The area is well served by major roads, particularly with the completion of I-10 running east and west. The distance from the western edge of Holmes County to the eastern edge of Gadsden is about 100 miles and roughly half that far from the southern part of the study area north to the Alabama border. There are numerous north-south roads, particularly into Dothan, Alabama.

In the spring of 1978 there were 47 community practitioners in active practice in the area. See Table 2. Thirty-six were primary care physicians and 11 were in other specialties.

In addition 42 physicians are employed by the Florida Mental Health Hospital at Chattahoochee (Gadsden County). Twenty-five of these are psychiatrists and six are internists. Twenty-four of the 42 are licensed in Florida but all 42 essentially confine their practice to the state hospital.

The state hospital census approximates 1,945 patients all of whom presumably are included in the population of Gadsden County. If these patients, along with the 42 physicians employed by the hospital, are deducted from the total estimated population of the six-county area the physician (47)-to-population (117,055) ratio becomes 40.2/100,000, an extraordinarily low ratio.

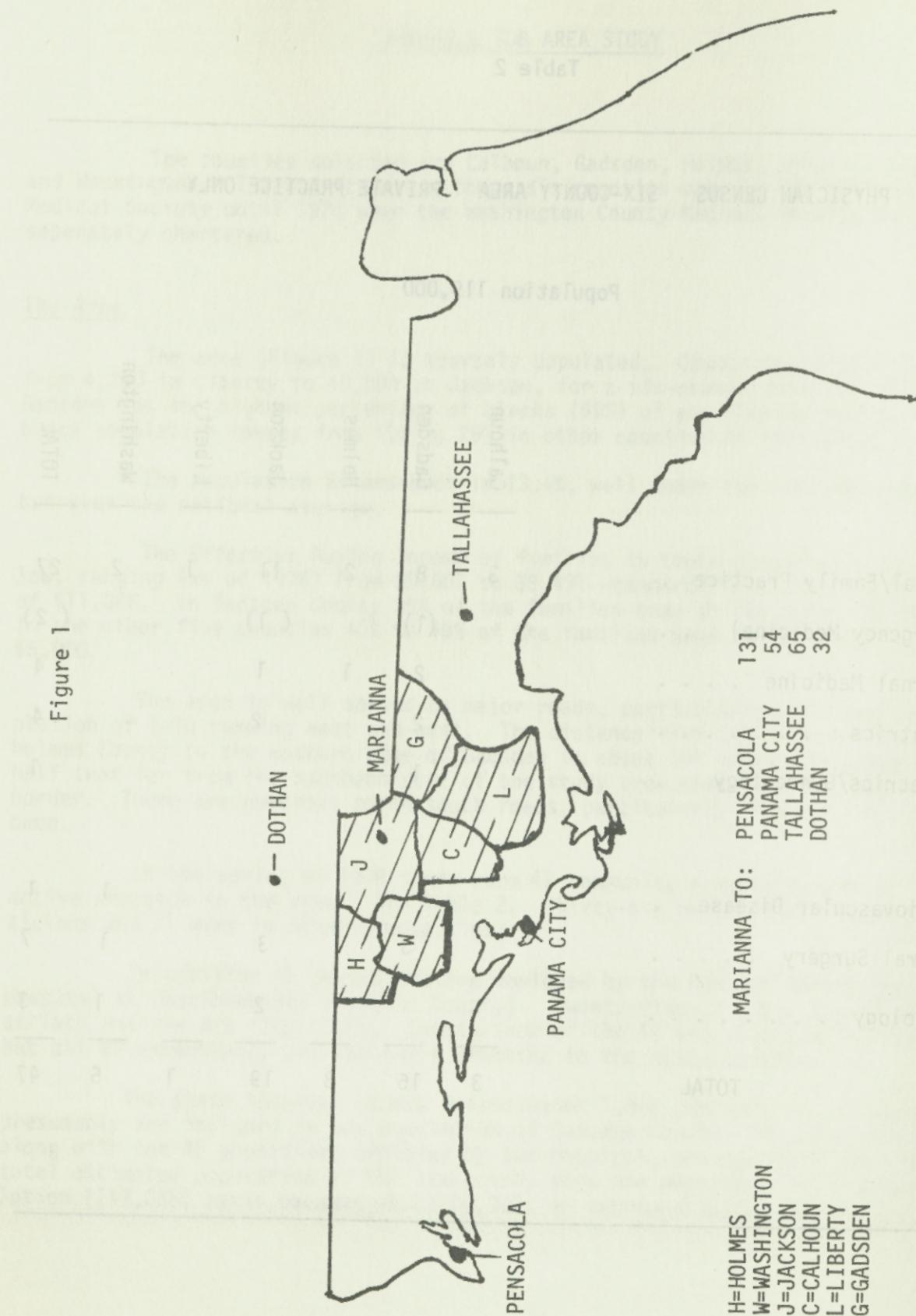
Table 2

PHYSICIAN CENSUS SIX-COUNTY AREA PRIVATE PRACTICE ONLY

Population 119,000

	Calhoun	Gadsden	Holmes	Jackson	Liberty	Washington	TOTAL
General/Family Practice .	3	8	2	11	1	2	27
(Emergency Medicine) . .		(1)		(1)			(2)
Internal Medicine		2	1	1			4
Pediatrics		2		2			4
Obstetrics/Gynecology . .		1					1
Cardiovascular Disease .						1	1
General Surgery		3		3		1	7
Radiology				2		1	3
TOTAL	3	16	3	19	1	5	47

Figure 1



Methodology

At the outset of this study a series of personal contacts was made with key medical and medically related individuals in the area. In addition to informing key individuals and securing their participation, these interviews assisted in understanding the geographic, demographic and medical practice characteristics of the area.

These discussions confirmed the judgment that the six-county area was undermanned by physicians and also disclosed (1) that there was essentially no regional coordination of medical services among the six hospitals, and (2) that there was significant utilization of medical services--both professional and institutional--outside the area.

Following the initial interviews, a questionnaire was distributed among the active community physicians to gather specific information about patient load and other aspects of their practices. Also, the poll was designed to elicit physician judgment about the need for more doctors and the advantages and disadvantages of practicing in this area.

Dr. Herbert Brooks of Bonifay, a member of the Panel of Consultants, assisted the study staff in constructing the questionnaire and the Panhandle Medical Society assisted in its distribution. A copy is attached as Appendix A.

Findings

Of the 47 physicians who practice in the six counties, 24 completed questionnaires. Of these, 22 practice in the area of primary care, with three also listing surgery as a specialty. Also, of the 11 physicians active in specialties other than primary care, two responded.

All but three of the 24 who answered the questionnaire are graduates of United States medical schools. The average time since medical school is 22 years. The average physician has practiced in the Panhandle area for 16 years.

The respondents (excluding one hospital-based radiologist) spend an average of 55 hours per week in actual practice, the same as the average general practitioner's total work week in non-metropolitan areas of the country in 1975, according to the AMA. This 55-hour work week is, on the average, divided as follows:

Office Practice	35	hours
Hospital Inpatients		
and Emergency Patients	18	"
House Calls	1	"
Nursing Home Calls . . .	1	"
Total Clinical Hours	<u>55</u>	

The average number of patients seen in a practitioner's office per week was 144, or 29 per day for a five-day week or 24 for six days. The national per-week average in 1975 was 138.5 office patients for General Practice and 79.6 for Internal Medicine.

Eleven respondents said they did not need more time to see each office patient, and ten said they would like more time for each office patient.

Nine physicians stated that a nurse-practitioner or physician's assistant could not be used effectively in their practice, and seven stated that such a person would be helpful in extending the physician's services.

Almost every participant identified one or more problems which patients have in achieving access to comprehensive health care. The barriers most often mentioned:

1. Low income
2. Title 18 and 19 red tape
3. Transportation problems

The magnitude of these inhibitions varies within the area, but perhaps does sum to an extent of reducing patient demand for services, even for primary care.

Physician impression can be a valuable guide to the adequacy of physicians in a given area. Physicians are quite conscious of the number and effort of colleagues in the same specialty, and of the capacity for referral to other specialists.

The physicians answering the questionnaire indicated the following needs, in decreasing order:

- "More physicians"
- Primary care physicians
- Orthopedic Surgery
- Urology
- General Surgery
- Obstetrics/gynecology
- Ophthalmology
- Otolaryngology
- Pediatrics

The need for an orthopedist and for a urologist was expressed most in the Marianna area and for a pediatrician from outside of Jackson County.

Estimating the Need for Physicians

Associated with determination of the specific need for physicians, it is necessary to recognize the nature, the size and the location of hospital

facilities, as well as whether the facilities do or do not hospitalize patients from their area. Occupancy rates for the 319 licensed beds in the area's six hospitals range from low to extremely low--67.6% down to 34.9% in early 1977. The hospitals in Jackson, Holmes and Washington Counties are located quite close together.

Patients from the study area are served by physicians and other medical resources in Tallahassee, Panama City, Crestview and Pensacola and in Dothan, Alabama. For example, large numbers of the Gadsden County population live within 20 miles of Tallahassee. In 1975, according to the Florida Panhandle Health Systems Agency, the hospitalized populations of

Gadsden County, 50% went to Leon County (Tallahassee) for care;
Calhoun County, 26% went to Leon County or Bay County;
Holmes County, 45% went outside the area principally to Walton
County, Okaloosa County or Dothan;
Liberty County, 48% went to Leon County;
Washington County, 20% went to Bay County, Escambia County or
Dothan;
Jackson County, 34% went outside the area including 15% to Dothan,
even though Jackson has in Marianna the greatest
concentration of resources of any of the six
counties.

The occupancy rate for the Gadsden Memorial Hospital in Quincy, for the period January-March 1977, was 41.4%.

It is not practical to apply all of the physician-to-population ratios developed in Part II for the State of Florida to this limited area. For example: to obtain the recommended ratio of 77 primary care physicians per 100,000 people would require an addition of 54 over the present 36. Such a number would be, of course, excessive. Likewise, as has been pointed out, the area does not need, and could not support, the ratios of other specialists computed in Part II.

Summary of Apparent Physician Needs

Based on the questionnaire responses and many interviews, the need for physicians in the six-county area is roughly as follows:

1. Orthopedic Surgery--One orthopedic surgeon is a high priority need, possibly increasing to two over time.
2. Urology--One urologist.
3. Ophthalmology--There is a need for one ophthalmologist. This need is less urgent than the two above; nevertheless, some felt strongly that this resource was necessary for local medical and surgical treatment of eye problems.

4. General Surgery--There are seven surgeons in the area. Some surgery is performed by nearly all the general and family practitioners. Although there is no strong demand from any county, three respondents thought there should be another general surgeon in the area.
5. Psychiatry--There is now no non-state employed psychiatrist in the area. Although the need for a psychiatrist was indicated on only one questionnaire response, concern about the growing mental health problem was expressed in all the interviews. It was stated that the mental health clinic staffs cannot provide the full spectrum of psychiatric services.
6. Primary Care--About half the questionnaire respondents and those interviewed cited a need for more primary care physicians--family practitioners, internists, or pediatricians. The stated need for internists was strongest in Jackson County. Interest in family practitioners was more general.

The frequently stated need is reinforced by the data showing above-average patient loads and time spent in direct patient care by generalists in the area.

Emergency room coverage is provided by the staffs of the hospitals. More primary care physicians would strengthen this coverage as well as provide less frequent rotation for the very small medical staffs in some hospitals.

Nine additional primary care specialists and the 36 now in the area will raise the ratio only to 38.5/100,000 which is still only half of the optimum ratio (77) suggested in Part II of this study. Reference was made previously to the fact these statewide ratios should not be expected to be applicable to a small rural area such as this.

ADDENDUM

In the approximately 18 months since the physician census in the six-county area recorded in the spring of 1978, there have been a number of changes but the total numbers remain the same: 36 primary care practitioners and 11 referral specialists.

The biggest loser has been Gadsden County (Quincy) while the gainers have been Washington County (2), Calhoun and Jackson Counties (1 each).

Active recruiting is underway at all six of the hospitals in the area with several optimistic prospects for the future.

DADE COUNTY SUB AREA STUDY

Dade County (which includes the metropolitan areas of Miami, Hialeah and Miami Beach, all among the first ten Florida cities in size) had a total population of 1,376,000 in 1978 and was the most populous county in Florida, according to the census estimate of the Division of Population Studies, University of Florida. Dade is the largest of Florida's counties and has a land area of 2,042 square miles.

Dade County is an industrial, banking, shipping and transportation center, the southeastern United States gateway to Latin America and a convention center of great magnitude. It has a Spanish-speaking population, mostly Cuban, estimated at 510,000 in 1977, and a black population estimated to be over 225,000 in 1975, according to Dade County Facts, a May 1978 publication of the Metropolitan Dade County Planning Department. Dade's census population (1978) who are age 65 or older is 14.5%, over two percentage points lower than that for Florida as a whole but still about 4% over the national average.

There were 4,494 physicians in Dade County in 1978, according to the inventory in Part I of this study. After eliminating those not in clinical practice and adjusting for the part-time clinical activity of faculty and house officers, there were the equivalent of 3,615 full-time clinical practitioners in the county. Of these, 3,204 are in private practice.

Among the number of physicians active on a full-time equivalent basis, there is a slight majority (52%) of primary care physicians. This contrasts with the State of Florida, in which 46.8% of the physicians are in primary care. Dade County, with its high concentration of tertiary level medical facilities and high volume of referred patients, might have been expected to have most of its physicians in the specialties other than primary care. A high proportion of the Cuban-trained physicians list themselves as generalists, however, which in part accounts for the unexpected finding.

Dade County might be expected to be the opposite of the Panhandle area, where understandably the great majority of physicians are in the first contact group. On the other hand, Dade's large number of seasonal residents, short-term visitors and transients do raise the demand for primary care.

It should be noted that many of the specialists other than those in primary care, and many sub-specialists not included in Table 1, staff Miami's university medical complex and referral center.

The density of the Dade County physician population, in relation to both the theoretical optimum ratios of specialists and the ratios extant in the Panhandle study area, is detailed in Table 1 at the beginning of this report.

Dade County Population

Estimates of the number of tourists and other visitors to this area each year vary. Estimates for 1977 range from about 5,000,000 to over 11,000,000 for areas described as "Dade County", "Greater Miami" or "the Miami Metro Area". It is generally agreed that there were well over 700,000 visitors from Latin America alone in 1977. The formula used in this study for estimating visitors and translating the visitor total into demand for services, described below, generally follows that developed in Part II.

In addition to tourists and other short-term visitors, there are many season residents, the total of which was estimated by the County Planning Department at 179,000 in 1976, or about a 12% increment to the official census. (For purposes of this study, a "seasonal resident" has an official residence in another state and is not in the Florida census but resides in Florida up to six months of the year.)

As in Part II, an effort was made to estimate the impact of these populations on the demand for physicians' services, with particular attention to the special circumstances in Dade County.

As indicated in Table 3, the Dade County population is adjusted by adding to the 1978 census estimate one-half of the seasonal residents. Also considered were visitors--32,500,000 for the whole state in 1978, according to the State Department of Commerce. Because estimates of visitors vary, it was decided to assign to Dade County a number of visitors proportionate to its share of hotel and motel units in the state (23.6% in 1976). This develops 7,670,000 visitors. According to the Southern Health Foundation report on visitors' health needs, this total will generate over 426,000 encounters with physicians. At the U.S. rate of 2.7 visits per capita to physicians per year, this equates to a "population" of approximately 158,000 persons.

Lastly, according to a study by the University of Miami Institute for the Study of Aging, for the Dade-Monroe PSRO, there was a further addition of 45,000 persons from Broward County, age 65 and over, who received medical care in nearby Dade County. Younger persons in the Broward area may receive care from Dade physicians also but the study was done for Medicare eligibles only and there are no data to support the demand by the younger population.

Area Participation

Extensive investigation and discussions influenced the design of the Dade County study, and various individuals and agencies were involved in the structure and the implementation of this attempt to identify the relationship between supply and demand in physicians' services.

In the exploration, the staff was advised by Dr. Rose London and Senator Kenneth Myers of the Panel of Consultants. There was counsel from

response from the population in each of these areas. Nevertheless, the response from institutions entitled to federal funds is not being used as a basis for adjustment for the elderly and the disabled, and the results will be left to separate analyses of each group and the results will come later.

Table 3

POPULATION ESTIMATE - DADE COUNTY - 1978	
<u>Census Estimate</u>	
By Division of Population Studies, University of Florida	1,476,000
<u>Seasonal Residents</u>	
Legally resident outside Florida but living in Dade County part of each year - 179,000, less 50% for those who receive part of medical care outside Florida	90,000
<u>Visitors</u>	
Short term: Preliminary estimate for 1978 by Florida Department of Commerce - 32,500,000 for Florida; estimated at 7,670,000 for Dade County - will generate 426,000 ambulatory visits (based on Southern Health Foundation study) at 2.7 visits per capita	158,000
<u>South Broward Residents</u>	
Medicare patients from South Broward County receiving medical care in Dade County - per study of University of Miami Institutute for Study of Aging	45,000
TOTAL Adjusted Dade County Population Requiring Health Care	1,769,000

Dr. John Davies of the University of Miami School of Medicine and members of his department, and from the staff of the Health Systems Agency of South Florida, from Charles Blowers and his associates in the Research Division of the Dade County Planning Department, from Gene Scott and Arthur Goessel of the Dade County Medical Association, from Eugene Johnson of the South Florida office of the Florida Medical Association and from Dr. Manuel Campo, President of the Physicians' Association of Clinics, Hospitals and Annex.

Methodology

As in the Panhandle Sub Area Study, the special analysis of the practice patterns of Dade County physicians was based on a questionnaire mailed to selected and representative doctors of medicine and doctors of osteopathy who were licensed and thought to be active in clinical medicine in 1978.

The survey instrument for Dade County (Appendix B) is quite different from that used in the Panhandle, because of the different nature of the two areas and the disparity of physician manpower. However, some questions were common to both surveys.

The draft questionnaire was reviewed and amended in varying degrees by most of the advisors and consultants named above.

In addition to the 3,204 active clinicians in private practice, there are 1,272 medical faculty, housestaff and government physicians, and state. With advice and concurrence of reviewers, a mailing was made to 1,000 MD's and 60 DO's, representing about one-third of the private practitioners in allopathic medicine and about one-half of those in osteopathic medicine.

Compiling an accurately representative sample of the medical fraternity and the population served was an extensive exercise. The population breakdown is recorded by census tract and the geographic distribution of physicians is recorded by zip code. The County Research Division assisted the study staff in constructing a sample of physicians for polling, based on a conversion of population from census tracts to zip code.

While it did not assume any responsibility for the study, the Dade County Medical Society did assist with the preparation of the mailing list from its roster and with the logistics of the survey.

The Florida Osteopathic Medical Association participated actively in the survey of its members by distribution and collection of the questionnaires to the sample of Dade County osteopaths.

Because some physicians' mail records are by residence while their office may be in another zip code, there was not a uniformly proportionate

response from the physicians in each zip code area. Nevertheless, the respondents to the questionnaire are considered to be a representative cross-section of Dade County physicians.

Responses

There were 233 questionnaires returned by active MD's, almost all in private clinical practice, and 25 by active DO's--a combined total of 258 responses, a return rate of over 24%. The sample for the data reported herein was 7.6% of the active MD's, 20% of the active DO's, and 8.4% of the total private practitioner group of Dade County.

Only one respondent failed to name his specialty. 123 (47%) were primary care physicians and 134 were in other specialties or sub-specialties. This reverses the slight majority of primary care physicians inventoried in the county as a whole but is not believed to be statistically significant. It was impossible to proportion the sample by specialty. The largest categories were:

Family Practice . . .	66
Internal Medicine . . .	35
Ophthalmology . . .	18
Orthopedic Surgery . . .	14
Pediatrics	13
Cardiology	12
General Surgery . . .	11

Only 16 questionnaires were returned from the three major hospital-based specialties.

Medical school was identified in 252 of the returned questionnaires. Of these, 199 graduated from medical schools in the United States or Canada, 24 from Cuba, 19 from Europe (including 5 from Spain), 7 from Latin America, and 3 from Africa or Asia. The average number of years since graduation from medical school is just under 20 years with 13.7 of these in Dade County.

The organization of their practice was identified by 255; 54% stated that they were in solo practice.

Of the 46% who practice in association with at least one other physician, nearly 3 of 4 are associated in a single specialty and 28% practice in multi-specialty groups.

Asked to approximate the percentage of patients referred to another physician, 240 estimated an average of 12.6%.

The average participant in this study practices 47.8 weeks per year. Of the 257 who answered this question, only four reported practicing less than

40 weeks per year, and 33 reported practicing 52 weeks per year. The AMA reports that the average U.S. physician practiced 47.2 weeks per year in 1975.

Clinical practice was reported by 253 as an average of 48.8 hours per week, divided as follows:

Office Patients . . .	29.7 hours
Hospital Inpatients .	16.5 "
Hospital Outpatients .	1.5 "
House Calls . . .	0.7 "
Nursing Home Calls .	0.4 "
Total Clinical Hours	<u>48.8</u>

The national average for direct patient care in 1975 was 47.5 hours per week, according to the AMA.

Responses of 202 physicians indicate they make no house calls and 211 make no nursing home calls.

An average of 83.2 patients per week are seen in offices or clinics according to 235 responses to this question. This compares with a national average of 90 reported by the AMA for 1975.

The physicians were asked how many of their office patients were "seasonal residents". Most understood that a seasonal resident spends several months each year in Dade County but is legally resident in another place; however, the questionnaire did not spell out this definition. Forty-five respondents indicated that 90% of their office patients were seasonal residents. Although this might be true in a few instances, it was assumed that all 45 had misunderstood "seasonal resident", and these responses were eliminated for the seasonal resident analysis.

In addition, 30 did not break down into any category their weekly office load. Consequently, of the 235 who enumerated their office patients, the data of 160 are believed to correctly identify the seasonal residents among their patients.

Those 160 saw an average of 8.3 seasonal residents per week, or 8.9% of their total office patient load. This is a very substantial percentage of the demand on physicians' services and is 50% higher than the estimate in Part II of an incremental demand of 6% from seasonal residents for the South Florida counties.

"Vacationers and other short-term visitors" were defined in the questionnaire as being in Florida for four weeks or less. The 210 estimates of the number of patients of this type indicate an average of 2.8 per week, or 3.5% of the total office practice. This is significantly under the 5.6% of office visits generated by visitors according to the Southern Health Foundation Study which was used to estimate the "visitors" demand on physician services in Part II.

Based on this Dade County sample, the "adjusted" Florida population in Part II underestimates the impact on demand for physician services by seasonal residents and overestimates the demand by short-term visitors.

Estimating Medicare patients as a percent of their total patients, 230 physicians reported: 120 under 50% and 110 over 50%. The median response was 40% Medicare.

Of 205 respondents who estimated the percent of Medicaid patients, 83 indicated no Medicaid patients. The median response was 1% Medicaid.

An average of just under 37 minutes spent with each new office patient and 17 minutes spent with repeat patients was reported by 221 respondents.

Of 231 physicians who answered

74% take laboratory samples from patients in their offices;
39% of these send all samples to an outside laboratory for analysis;
19% process all samples in their own offices;
42% do some laboratory work in their own offices and also send samples to outside laboratories.

The physicians were asked if their patients had problems of access to medical care, and 120 (47% of those polled) said there are problems of access. Some physicians mentioned more than one problem. The problems cited are:

Problem	Number of Times Mentioned
Low Income	68
Distance or Transportation	62
Medicare or Medicaid Problems	65
Lack of Hospital Facilities	6
Lack of Other Supporting Services	22
Others	8

The opinions of practicing physicians can provide much insight into the adequacy of their numbers as was pointed out in the Panhandle study. To this end a series of questions was included in the Dade County questionnaire. Of the 235 responses to these questions

54.4% - There are too many physicians (as a group) in Dade County.
43.8% - The total number is just about right.
1.7% - There are not enough physicians in the county.

The opinions of all physicians who responded (not just those in the same specialty) indicate that these specialties may be oversubscribed:

<u>Specialty</u>	<u>Number of Times Mentioned</u>
General Surgery	71
Cardiology	28
"All"	28
Internal Medicine	16
Orthopedic Surgery	16
Family Practice	16
All others	Less than 10 times each

On the other hand, physician responses indicate that these specialties are considered to be in short supply at the present time:

<u>Specialty</u>	<u>Number of Times Mentioned</u>
"None"	38
Family Practice	15
Neurology	11
All others	Less than 10 times each

Family Practice appears on both the oversubscribed and the undersubscribed lists. Such dichotomy doubtless results from observations in differing geographic portions of this large and variable county and probably is a true reflection of a geographic maldistribution in this specialty.

Concerning the number of practitioners in the same specialty as the answering physician

- 37% - There are too many;
- 50% - The number is satisfactory;
- 13% - There are too few.

Related to the above, a question was directed to impressions of current patient loads. Of the 203 responses

- 51% would like more patients;
- 36% considers the present patient load about right;
- 13% would like fewer patients.

The final question asked if the physicians would consider relocating their practices from Dade County to an area with a shortage of doctors. Only 60 responded; 39 indicated willingness to relocate or to consider relocating under certain circumstances.

To the extent that physicians can accurately reflect the adequacy of their numbers to meet the demands of the population they serve, and to the extent that this small sample accurately reflects such opinion, it seems clear that Dade County physicians consider their numbers ample to more-than-ample.

There are differences of opinion, and members of the medical profession apparently feel there may be too many of certain specialties and too few of others, but overall a good balance has been struck. In a large and varied county like Dade, however, there are wide differences in access and availability of doctors.

In spite of over 200 physicians per 100,000 population, those in practice devote nearly 49 hours per week to professional services, and about half feel they are fully extended. The other half, however, would welcome more patients--a striking contrast to the situation in some areas of Florida and the nation.

It seems clear that while there are many problems associated with the delivery of adequate health care in Dade County physician availability is not among them.

We will appreciate your assistance and will advise you of our findings.

Robert F. Lamm
610 Atlantic Avenue
Boca Raton, FL 33432

#

1. Name _____

2. Principal Office _____ Secondary Office, if any _____
Phone _____
Address _____
City _____

3. Practice Specialty _____

4. Medical School _____

5. Years in practice at present location _____

6. How many hours per week, on the average, do you spend in clinical practice? About how many of these are in office practice _____, house calls _____, care of hospital inpatients _____, care of hospital emergency or clinic patients _____, care of visiting home patients _____.

7. How many patients do you see, on the average, in your office per week? _____
Would you like to have more time per patient? Yes _____ No _____

8. Generally speaking, are there persons in your practice area who are underserved in terms of the amount or type of physician's services to which they have access? _____
If so, which physician's services are not available? _____
(primary care, surgery, etc.)

9. Do persons in your area have substantial problems of access to comprehensive health care because of any of the following? (Please check)

Low Income	Lack of hospital facilities
Distance or Transportation Problems	Lack of other supporting services
Opposition, Medicaid red tape	Other _____

COMMUNITY HOSPITAL EDUCATION COUNCIL
 STATE UNIVERSITY SYSTEM OF FLORIDA
 107 West Gaines St.
 Tallahassee, FL 32304

July 1978

This Council is conducting an inventory of active physicians in Florida and has retained me to study and estimate the relationship of the number of physicians to the current demand for their services. The study director and a panel of consultants, of which Dr. Herbert E. Brooks of Bonifay is a member, wish to gather some detailed information about the area, including Washington County, which has been represented by the Panhandle Medical Society.

We hope that many of the active community practitioners will assist us by completing this short questionnaire. We assure you that no data on individual practice will be published and no comparisons will be made between individual practitioners.

If you have any questions, please call Dr. Brooks in Bonifay or me in Sarasota (813) 349-1694.

We will appreciate your assistance and will advise you of our findings.

Robert P. Lawton
 6140 Midnight Pass Road
 Sarasota, FL 33581

1. Name _____

2. Principal Office _____ Secondary Office, if any _____
 town _____ Time there _____ %
 town _____

3. Practice Specialty _____

4. Medical School _____ Year Graduated _____

5. Years in practice at present location _____

6. How many hours per week, on the average, do you spend in clinical practice? _____
 About how many of these are in office practice _____, house calls _____, care
 of hospital inpatients _____, care of hospital emergency or clinic patients _____,
 care of nursing home patients _____.

7. How many patients do you see, on the average, in your office per week? _____
 Would you like to have more time per patient? Yes _____ No _____.

8. Generally speaking, are there persons in your practice area who are underserved in
 terms of the amount or type of physician's services to which they have access? _____
 If so, which physician's services are not available? _____
 _____ (primary care, surgery, etc.)

9. Do persons in your area have substantial problems of access to comprehensive health
 care because of any of the following? (Please check)

____ Low Income	____ Lack of hospital facilities
____ Distance or Transportation Problems	____ Lack of other supporting services
____ Medicare, Medicaid red tape	____ Other _____

10. If you consider it desirable to have one or more additional physicians in your area, do you think recruiting them would be handicapped by any of the following?

(Please check)

- Unsatisfactory income
- Lower income than other areas for same services
- Unsatisfactory living conditions for family
(schools, arts, etc.)
- Lack of continuing education opportunities
- Remoteness from secondary and/or tertiary care facilities

11. What characteristics of your area would attract new physicians?

12. Could nurse practitioner(s) and/or physician's assistant(s) be used effectively in your practice to extend the total available services? Yes No .

13. Additional comments:

13. Additional comments:

COMMUNITY HOSPITAL EDUCATION COUNCIL
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Appendix B

November, 1978

This Council has taken an inventory of active physicians in Florida and is conducting a study to estimate the relationship of the number of physicians to the current demand for their services. The study directors and a panel of consultants, of which Dr. Rose P. London of Miami Beach is a member, wish to gather some detailed information about the physicians who are active clinically in Dade County and about their practices.

The Council is distributing the following questionnaire to a large sample of Dade County practitioners for an anonymous response. We hope that you will assist us by completing it and returning it in the postpaid envelope.

The findings of this study will be available to you from the Council on request.

Robert P. Lawton

Robert P. Lawton

K. E. Penrod

K. E. Penrod, Ph.D.

Study Directors

1. Please indicate the zip code for your office or principal place of practice:

2. Please identify your medical school _____

Year graduated _____

3. How many years have you practiced in Dade County? _____

4. What is your principal practice specialty? _____

5. Are you in solo practice? ; or in associated practice with other physicians? . If associated practice, how many physicians are in the group? _____ Is it a single-specialty group? or a multi-specialty group? ?

Approximately what percent of your patients do you refer to another specialist? _____ %.

6. How many weeks do you practice per year? _____ How many hours per week, on the average, do you spend in clinical practice? _____ About how many of these are in office practice _____, house calls _____, care of hospital inpatients _____, care of patients in a hospital outpatient department _____, and calls on nursing home patients _____

7. How many patients do you see in your office and/or clinic in an average week? _____

In the average week, how many of these patients do you estimate are seasonal residents? _____; vacationers for four weeks or less? _____

What percent of your patients are Medicare? _____%; Medicaid? _____%

On what percent do you take assignment? _____%

8. About how many minutes do you allot for an office visit by a new patient? _____; a repeat patient? _____

During office visits, do you take laboratory samples? _____

If yes - do you take samples only and send them to an outside laboratory?
- or do you perform the tests in your own lab?

Would you like to see fewer patients? _____ More patients? _____

9. Do persons in your part of Dade County have substantial problems of access to comprehensive health care because of any of the following? (Please check)

<input type="checkbox"/> Low income	<input type="checkbox"/> Lack of hospital facilities
<input type="checkbox"/> Distance or transportation problems	<input type="checkbox"/> Lack of other supporting services
<input type="checkbox"/> Medicare or Medicaid problems	<input type="checkbox"/> Other _____

10. In your opinion, does Dade County in general have too few physicians? ; just about enough physicians? ; too many physicians? .

Are there too few physicians in your specialty? ; just about enough? ; too many? .

What other specialties do you consider to have too few physicians in Dade County? _____

What specialties do you consider to have too many physicians in Dade County? _____

11. Would you consider relocating your practice to another part of Florida that is not well supplied with physicians? _____

12. Comments: _____

